

**AGENT'S AUTHORIZATION
TO REPRESENT APPLICANT**

IN THE MATTER OF THE APPLICATION OF NO(s): _____

I, _____ APPLICANT, APPOINT AS MY AGENT IN THIS MATTER:

NAME / AGENCY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MY AGENT IS AUTHORIZED TO ACT ON MY BEHALF FOR ALL MATTERS PERTAINING TO THE ABOVE-MENTIONED APPLICATION (S)

I UNDERSTAND THAT I MUST APPEAR PERSONALLY AT THE HEARING OR BE REPRESENTED BY AN AGENT WHO SHALL BE FAMILIAR WITH THE FACTS PERTAINING TO THE MATTER (S) BEFORE THE BOARD.

MY AGENT HAS KNOWLEDGE OF THE PROPERTY UNDER CONSIDERATION AND CAN AND WILL ANSWER ALL QUESTIONS PERTINENT TO THE INQUIRY. IF MY AGENT CANNOT ANSWER ALL PERTINENT QUESTIONS ABOUT MY PROPERTY AND I AM UNABLE TO ATTEND THE HEARING, I UNDERSTAND MY APPLICATION FOR REDUCTION IN ASSESSMENT MAY BE DENIED.

DATED

APPLICANT'S SIGNATURE

NOTE: IF AN APPLICANT IS A CORPORATION, THIS AUTHORIZATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION AS DESIGNATED IN ITS ARTICLES OF INCORPORATION.
ATTACH THIS FORM TO APPLICATION AND RETURN TO:

CLERK OF THE BOARD OF SUPERVISORS
ASSESSMENT APPEALS SERVICES
1600 PACIFIC HIGHWAY, ROOM 402
SAN DIEGO CA 92101-2471